Eligibility Determination

Free and Reduced-Price Family Applications

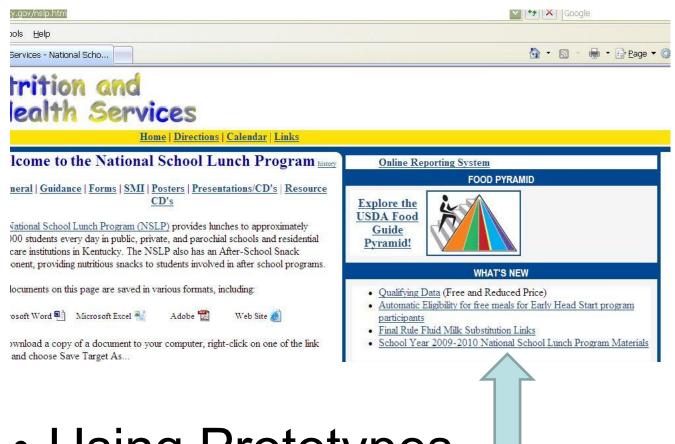


Application Packet

- Letter to the Household
- Instructions
- Free and Reduced-Price Application



Application Packet



Using Prototypes

http://www.nhs.ky.gov/nslp.htm



Civil Rights

 Foreign Language Translations
 Limited English Proficiency (LEP)



Civil Rights

English

Arabic

Cambodian

Chinese (Mandarin)

Farsi

French

Greek

Haitian Creole

Hindi

Hmong

Japanese

Korean

Kurdish

Laotian

Polish

Portuguese

Russian

Samoan

Serbo-Croatian

Somali

Spanish

Sudanese

Urdu

Vietnamese



Civil Rights

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."



Processing Applications

- Send applications out at the beginning of the school year.
- Last year's eligibility can be carried forward for 30 operating days.
- You must determine eligibility within <u>10</u> operating days.
- You must use current IEGs.



Income Conversion

- Convert income for the households as needed:
 - All income is the same frequency = do not convert income
 - Income is received at different frequencies =
 you are required to convert to annual income
 - Weekly X 52
 - Every 2 weeks X 26
 - Monthly X 12
 - Twice per month X 24



Required Information for Income Households:

- Name of child(ren)
- Names of all household members
- Current income & <u>frequency</u>
- Signature of adult household member
- Social Security number, or "none"



Required Information for Foster Child:

- Name of the child
- Child's personal use income & frequency
- Signature of adult household member/guardian



Required Information for Zero Income:

- Name of child(ren)
- Names of all household members
- Income listed as \$0
- Signature of adult household member
- Social Security number, or "none"
- 45 calendar day temporary approval



SNAP/Food Stamp/KTAP Households

- Name of child(ren)
- SNAP/Food Stamp/KTAP number *
- Signature of adult household member



Application Documentation

- If the application is not complete....(missing info)
 It can NOT be approved!
- Contact the Household
 - Name of person contacted
 - Information received
 - Initials of person who contacted household
 - Date of household contact



Application Documentation

Children listed in Part 1 must also be listed in Part 2.

Each household member on an income application must list an income or indicate no income is received.



Notification

Households denied benefits must be given written notification of denial as well as information to appeal.



Questions

